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				GROUP ART UNIT	1006 1016 1044
				EXAMINER	Abel

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 \*\*CONTINUING DATA\*\*\*\*\*  
 VERIFIED THIS APPLN IS A DIV OF 08/095,640 07/21/93  
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APPLICANTS  
 \*\*FOREIGN/PCT APPLICATIONS\*\*\*\*\*  
 VERIFIED  
 SWITZERLAND 3319/89 09/12/89  
 SWITZERLAND 746/90 03/08/90  
 SWITZERLAND 1347/90 04/20/90

Foreign priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	AS FILED	STATE OR COUNTRY	SHEETS DRWGS.	TOTAL CLAIMS	INDEP. CLAIMS	FILING FEE RECEIVED	ATTORNEYS DOCKET NO.
35 USC 119 conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	→	CHX	6	1	1	\$1,490.00	9191
Verified and Acknowledged	Examiner's Initials							

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TITLE  
 HUMAN TNF RECEPTOR  
 U.S. DEPT. OF COMM. / PAT. & TM—PTO-436L (Rev.12-94)

PARTS OF APPLICATION FILED SEPARATELY		Applications Examiner	
NOTICE OF ALLOWANCE MAILED		CLAIMS ALLOWED	
		Total Claims	Print Claim
ISSUE FEE		DRAWING	
Amount Due	Date Paid	Sheets Drwg	Figs Drwg
			Print Fig
Label Area		ISSUE BATCH NUMBER	
PREPARED FOR ISSUE			
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